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## ORIGINAL DEPARTMENT.

### LECTURE.

#### POTTS' DISEASE IN THE CERVICAL REGION—ITS TREATMENT.

Clinical Lecture by Prof. LEWIS A. SAYRE, Bellevue  
Hospital, January 3d, 1877.

Reported for the MEDICAL AND SURGICAL REPORTER,  
by NELSON W. CADY, Student.

GENTLEMEN—To-day it is my intention to  
present some cases of Potts' disease before you.

I here show you an apparatus, which, as you  
see, is for the purpose of applying support to  
the head when the disease is located in the  
upper dorsal or cervical vertebræ. You see it  
is a very simple contrivance, very light—this  
one only weighs six ounces in all. When the  
disease is in the lumbar, and particularly in  
the dorsal vertebræ, the treatment, as you  
know, is very simple. The patient is suspended  
by his armpits and head, so as to cause exten-  
sion of the vertebral column, and a close-fitting  
plaster jacket is applied—an operation which  
you have seen me perform so often. This is the  
best treatment, altogether, that can be applied  
in Potts' disease.

I say, if the disease be in the lumbar or  
dorsal region, we have simply to extend the  
child and suspend him by his own weight, then  
put on the plaster-of-paris jacket, which keeps  
him in position. But when the disease is in  
the cervical region, it has been found very  
troublesome to get the head extended; and this  
little child you see here is evidence of that fact.

CASE 1.—F. B. K.; age four years; boy.  
This child is from California. Three years ago  
he fell off a high hobby horse, and immediately

afterward, this lady says, the disease was de-  
veloped. She saw the child fall at the time,  
and within a month the child began to complain  
of pain in his chest and shoulder, and along the  
front part of his body. He was treated for  
everything but diseased spine, by various physi-  
cians who saw the case. Two months after the  
trouble was detected in his back, and he was  
sent to the Indianapolis Surgical Institute, and  
an iron brace was applied to him.

Last summer he was directed to me, but from  
some cause or other, influence was exerted  
against bringing him to New York—nothing  
could be done outside of Paris; and she carried  
the child to Paris. There he had a very in-  
genious contrivance applied. It shows the  
wonderful skill of these Frenchmen in the way  
of mechanical contrivances in leather, iron and  
steel; but inasmuch as it shows no principle  
adaptable to the case of this child, or to this  
disease, it is merely so much time and money  
thrown away. And with all this expensive  
machinery, the child became worse than it was  
before. The child was brought to me two weeks  
ago, unable to stand, or even to sit in the arms  
of its nurse. It had to be held in the horizontal  
position all the time. By suspending him, he  
was made very much more comfortable, but his  
head was still hanging forward, and his eyes  
had taken on a peculiar sort of strabismus,  
which continued after the plaster jacket was  
applied. He soon got the use of his legs, but  
had constant pain in his neck, and it was not  
until I had put this "elevation" on his head  
that he could get any comfort at all. Now, you  
see, he can walk. I have been uneasy about  
him since that day, two weeks ago to-day, that

I put this apparatus upon his head, for I expected to be compelled to see him every day; but from that day to this, I have not seen him at all, and he is running around as fine as ever. His mother happening to call at my office with him, just as I was coming to the lecture, I have brought him with me, to show the result of treatment.

[The child was put on the floor and told to walk. He not only walked, but ran, showing how well he had recovered the use of his legs.]

That is pretty good walking, gentlemen.

Now I am going to put this instrument here on another child that may possibly be here before the lecture is over. You see how well this method works in the case before you, but, of course, you cannot form a clear idea of this case, since you have not seen the child before the instrument was applied to him. The instant his head is let down, even now, you see his eyes become crossed, and he begins to have that peculiar *old man's expression*. It may probably take some hours for him to get over the restlessness produced by it. It is hardly worth while to perform the experiment again.

But this little fellow is the picture of contentment, and what I want, is to draw your attention to the color that has come to the cheek. That is not the result of riding in the cold. His cheeks will remain red and rosy all day long; and that red color came almost the very day the thoracic support was given to him by the plaster jacket. Previous to that he was as white as this sheet, colorless, as they almost all are, from the want of perfect oxygenation of the blood. They have that peculiar grunting breathing, wh—wh—wh—! never expanding the chest, because its movement produces movement of the bones against one another, and they therefore voluntarily or involuntarily hold the muscles of the trunk so still as to prevent any inspiratory movement of the chest walls, and it is the want of air in the lungs that produces this peculiar pallid face. He is now the picture of perfect contentment, and has rosy cheeks, the result of full and free inspiration, notwithstanding the plaster jacket completely envelops his chest.

To return to the instrument. It is secured to the body by first applying a plaster jacket, then applying the instrument to the body over the jacket, and securing it firmly in place by these perforated tin strips, which reach around his body. The whole is covered with a plaster

bandage. As soon as his plaster jacket has set, we suspend his head from this portable gallows, or jury-mast. It consists, as you see, of two parallel strips of iron, which follow the curve of the back along the lumbar and dorsal vertebræ. To two cross pieces at the upper end is secured this extension of steel, which follows the general curve of the child's head and ends in a sort of swingle-tree over the apex of the head. The ends of the swingle-tree, which is about four inches long, terminate in hooks, for the purpose of receiving the straps, from which, by means of a chin and head collar, the head is suspended. To see a child like that—perfectly paralyzed, a cripple, and a constant agony to its mother and friends, constantly and eternally crying from morning till night, and from night till morning again—running around without a particle of pain, this is enough to make one feel that life is worth living.

CASE 2.—C. F. M., age five years; boy. This little fellow has the jacket already applied to his body, and the only trouble is that he has not had the head support put on. He has the disease so high up that the plaster jacket does not answer the purpose of giving perfect relief; therefore, I have had this apparatus constructed, and shall now apply it on the outside of the plaster jacket.

The iron strips of which the body of the instrument is composed are made of malleable iron, capable of being bent at will, to make them fit the curvature of the back and aid in overcoming any deformity. I have now fitted it to his back, and proceed to secure it in place by this plaster bandage.

The extension, which must be of steel, makes a sort of portable gallows, something like a jury-mast, such as sailors have to put up in place of one that is lost or broken.

Do you notice his peculiar grunting respiration?

The disease is too high up in the dorsal vertebræ to be relieved by the plaster jacket. It can only be relieved when this suspension apparatus is put on him, and it is very likely that soon after it is applied he will walk about.

[As soon as the child's head was suspended from the cross tree, it ceased its peculiar grunting respiration gradually, and soon was breathing with perfect comfort. While before the application of the instrument its chin was resting on its chest and it could make no move-

ment, now it was able to turn its head from side to side with comparative ease.]

I never saw a more beneficial application of this principle of thoracic support than I saw this morning, at my office, in the case of a child, brought to me by Dr. Campbell, of Harlem. He brought me a little girl, about seven years of age, with an abscess forming in the lower dorsal and first lumbar vertebræ. I was really unwilling to put the jacket on her, on account of the acute abscess then forming. The little girl was unable to stand, or even to sit, when supported, but had to be supported in the horizontal posture all the time. The disease developed when she was but a year old, and finally got so bad in the last two months as to deprive her of the use of her legs. I was unwilling to apply the plaster jacket, thinking that, on account of the abscess, it would do more harm than good. But the doctor begged me to put it on her, since he could carry her home in safety only in that way. We suspended the child and put the plaster jacket on her, with the promise that I could cut it all off again if I thought it likely to result in any harm. To my utter amazement, as soon as the plaster had "set," she was so perfectly comfortable that she walked around without putting her hands on her knees, or reaching for support. There were several gentlemen in the office to see the case, and I regret that they are not here now, to see the effect of giving support to diseased bones in any situation.

## COMMUNICATIONS.

### MATERNAL IMPRESSIONS ON THE FÆTUS.

Extract from a paper read before the Linn Co.  
(Oregon) Medical Society,

BY J. L. HILL, M. D.,  
Of Albany, Oregon.

A popular belief is extant that the mind of the mother often affects the child in utero, either beneficially, in giving clearness of intellect and perfect physical development, or hurtfully, in producing obtuseness of mind and physical deformity. I have said it is a popular opinion, yet it finds credence with many medical minds, while there are many in the medical profession who wholly deny its possibility. My tutoring in physiology, while in the lecture-

room, if I mistake not, was adverse to the theory of maternal impressions shaping the anatomical development of the unborn child. I conceded it reluctantly, for I had not the testimony at hand to creditably sustain my preconceived opinions to the contrary, but further observation, supported by the conclusions of some of the most skillful and scientific men of the profession, warrant me more fully in believing the popular mind not to be based upon a woman's whim, as we frequently hear remarked, but to be a deduction from facts.

I commence with a few instances from my own knowledge:—

A lady, at present a resident of this county, became frightened, during pregnancy, by seeing a man who suffered the loss of a limb, and when her child was born, it was minus the fingers of one hand, and one leg from the knee down was absent. She was impressed with the belief that her child would not be right.

Another lady, not far distant, became greatly frightened by a rattlesnake during the earlier months of pregnancy, and when her child was born, its head was almost a *fac simile* of that of a snake. It was stillborn.

Another lady, whose mind, during pregnancy, was more than usually exercised about a pet squirrel, gave birth to a child with a squirrel head, squirrel hands, and the fore-arms, in shape and general appearance, were identical with the fore-legs of a squirrel. It soon expired.

A lady, with whom I am well acquainted, became greatly agitated in mind while pregnant, by a big dog rearing upon her shoulder with his paws, while she was sitting upon the door-sill conversing with some lady friends. When her child was born it had an exact pattern of a dog's foot on its shoulder, and more remarkable still, this mark was thickly studded with hair resembling the hair to be found on the foot of a dog. The mother of the child is a very intelligent lady, and accounts for the mark through the circumstances above referred to.

I limit the mention of such cases within my knowledge, to give place to the testimony of others, which I will here quote.

Prof. William A. Hammond, of New York, gives the following, which occurred in his own practice. A lady, in the third month of pregnancy, was very much horrified at the sight of her husband, who was brought home with a severe gash upon his face, from which the blood was pouring out. After recovering from

a fainting spell she was seized with hysteria. When she became more composed she told Dr. Hammond that she was fearful lest her child would be affected in some way, so great was the impression on her mind. The child, when born, was a girl, and had a red mark on the face, corresponding in situation and extent to the wound upon the father's face. She was also idiotic.

Professor Dalton mentions the case of a lady who dreamed that she saw a man with a portion of one ear cut off. When her child was born it lacked a portion of one ear, which corresponded in appearance to what was presented in her dream.

Dr. Delacaux, of Paris, gives an account of a woman, who was employed as cook, becoming intensely horrified during the third month of pregnancy, by seeing a porter with a hare-lip and an amputated leg. Three months from that time she was delivered of a six months' fetus, with a horrible deformity of the upper lip and jaw, and the right leg was amputated.

#### A CASE OF NERVOUS OEDEMA.

BY E. A. COBLEIGH, M. D.,  
Of Warren, Ohio.

The following case, reported by me to the Trumbull County Medical Society at a recent meeting, may be of interest to some of your numerous readers, wherefore I send it for publication.

A lady, of the middle class of society, 32 years of age, medium height, stout build, but not corpulent, married, and the mother of three children (the youngest about three years of age), called at my office, and gave a history as follows:—

She had always been quite robust, and scarcely knew a pain since childhood, except during gestation and in labor. Her general physique bore testimony to the truthfulness of this assertion. About 10 o'clock on the morning of her visit to my office, while dressing her hair preparatory to a shopping excursion, she felt a sensation as of suddenly being crushed in a vise. This peculiar feeling confined itself to the head and upper extremities. The morbid sensation lasted but a moment, and was immediately followed by a rapid bloating of the affected parts, accompanied by tingling and disagreeable tension of skin. On assuming the

recumbent posture, swelling became excessive. She, therefore, rose, and found herself considerably relieved in a short time, the bloat disappearing as rapidly as it came on, until it reached a certain point, when further improvement ceased.

On raising her veil I was impressed by the cedematous appearance of her face, which was very marked. The palpebræ, joints of upper extremities, neck, scalp and cheeks were quite puffy, disfiguring, especially, her features. Except the foregoing symptoms, she claimed to feel perfectly well.

There was undoubted evidence of extensive effusion of serum into the subcutaneous tissues, but a rigid examination and questioning failed to elicit signs of disorder in the thoracic organs, or in the uterine, digestive or urinary systems. I found her addicted to the use of the corset, but not a tight lacer. Menstruation seemed unusually regular and perfect, and she was certainly not a woman likely to be called hysterical, nor one whose nervous system would be prone to disorders.

Satisfied, however, that her sudden illness depended on no organic lesion, I directed her corset abandoned for the present, prescribed a full dose of magnesium sulphate, to be followed during the rest of the day by potassium bromide, in ten-grain doses every two hours, and pil. hydrarg., two grains at bedtime. Requested her to call again next day.

Saw her the following evening. Oedema had nearly disappeared, and she felt none of the other symptoms. Ordered the bromide of potassium continued in ten-grain doses, three times a day, for a week, with attention to bowels.

Seventeen days later she called again, with slight tumefaction of face, but none perceptible elsewhere. Said she had followed directions, recovered and remained well up to previous evening, when, without apparent cause, a trivial return of the trouble occurred. Ordered saline cathartic. At midnight was hastily summoned to her house, where I found her suffering exceedingly, with great oedema of the parts attacked on the first occasion. There was complete closure of the eyes, from immense swelling of their lids, and she complained of lancinating pain in the eyeball, which I attributed to pressure of its tumefied surroundings. She said that after visiting me in the forenoon, and taking the medicine ordered, her bowels moved



freely, and the effusion of serum had speedily been reabsorbed. At nine, or after, she retired, well, fell asleep, and had been awakened by the excruciating orbital pain, just before sending for me. There was much tingling and distressing sensation of tension in the swollen parts. For the pain she suffered from, I gave one fourth of a grain of sulphate of morphia, with twenty grains of bromide of potassium for relief of the nervous disturbance, and also had her placed at once in a hot bath, to stimulate capillary circulation. After the bath, diaphoresis occurred; she was comfortably disposed in sitting posture, and in an hour very perceptible diminution of the oedema had taken place, with complete relief from orbital pain, and improvement of superficial hyperæsthesia. Directed repetition of bromide of potassium in an hour, and full dose of Epsom salt afterward. At 11 A. M. next day, found her sleeping and free from bloat or suffering. Ordered the bromide continued in five-grain doses, for a fortnight, with occasional hot baths as a part of her regular habit.

Saw no more of her for forty-six days. At the end of that time she presented herself at my office, having experienced a fourth visitation of her ailment, at the tea-table, on the previous evening. The cathartic and bromide of potassium of my former treatment had been resorted to early, by herself, without consulting me. This seizure was trivial and of short duration, but she had now become thoroughly alarmed, and insisted on an examination of the chest, fearing heart disease. Could find no physical evidences of intra-thoracic lesions, nor had symptoms of organic disturbance elsewhere presented themselves. Fully assured that she was not suffering from any incurable malady, she departed, to return four days later. Twenty-four hours after her last visit, another return of slight oedema had occurred, and another on the day before her present call—three attacks in six days, but irregular as to hour of onset. Having now assumed a tertian form of periodicity, I suspected malaria as the causative agent of her trouble, though no chill nor fever had developed during my observation of the case, and she did not live in a particularly malarious location. Former treatment was accordingly suspended and quinia given, twelve grains, in divided doses, so as to anticipate any threatening attack of her old trouble, with mercury, for its action on the liver. This

course of medication she kept up only six days, when, apparently cured, and tired of taking medicine, she ceased further treatment. I saw her for the last time about three weeks after this, and she was then in excellent health, with no return of any bad symptoms. Losing sight of the patient, I was unable to follow up her history as I would like to have done, but give these details of a peculiar, and to me, at least, deeply interesting case.

During her entire treatment menstruation was undisturbed. At no time were there evidences of the least congestion, except superficially, and at the points of effusion, while her general health and strength were unimpaired. The heart's action was not interfered with, nor the mind depressed, save when pain occurred, and when, on two occasions, she became alarmed at her condition. I considered the effusion a purely physical exosmosis of serum through the walls of the capillaries, dependent upon disturbance of the nerve-force which regulates the condition, density and resistance of these minute vessels in health. Was it caused primarily by malarial influences? I leave this question for the reader to answer for himself, hoping that if any one has met with a case similar to mine, he will report it, with practical deductions therefrom.

#### OBSERVATIONS ON THE TREATMENT OF DIPHTHERIA.

BY A RETIRED PHYSICIAN.

The prevalence of diphtheria in various portions of the United States at the present time, has tempted me, a physician of age and experience, to give my views upon the treatment of this important and fatal disease. The treatment will be best considered under two heads, local and general. The old local treatment still holds its own, from the time of "Bretonneau" to this day—the nitrate of silver and muriatic acid. The strength of his solution is half an ounce of nitrate of silver, to one ounce and a half of water. This to be applied only to the diseased parts, not swabbed all over diseased as well as sound tissue. The success of this application depends upon the care with which it is applied. It is best applied by means of a piece of soft velvet sponge, fastened upon a proper handle. If the parts are much diseased the application should be made three times in the course of twenty-four hours. It

should be followed in all cases by a warm gargle of equal parts of—

R. Potass. chlorat.,	aa	ʒi
Sodii chloridi,		fl.ʒiij
Acid. hydroc. dil.,		fl.ʒiij
Tinct. ferri sesqui.,		fl.ʒiij
Mel. desp.,		fl.ʒiij
Aquæ.		fl.ʒxj. M.

Sig.—The mixture to be used as a gargle.

The patient shall take internally a tablespoonful in half a wineglassful of water every four hours. A glass tube should be employed, to save the patient's teeth. This is a dose for an adult; in the same proportion for children.

Should the nitrate of silver not remove the membrane, but rather thicken and swell the parts, we then employ the muriatic acid, or what I have found more efficacious, the nitric acid and honey, equal parts, applying it to the pseudo-membrane by the sponge, and washing after it with a solution of carbonate of potash. When fully satisfied the membrane invades the glottis, which is only known by loss of voice, hoarseness and whispering, the diluted acid mixture is passed down over the glottis, and then pressed against the base of the tongue, by raising strongly the handle of the probang, in order to express a few drops upon the mucous lining of the larynx; see that the probang is not passed into the stomach. This, if properly done by a curved handle brush, which can be had of one of our instrument makers, causes a most distressing feeling to the patient, of impending suffocation. He should be near an open window or door, so as to have an abundance of air, or cold water should be ready to dash into the face; he will recover in a few seconds. This cauterization is to be performed at first once a day, and then, if the patient's voice and respiration improves, every second day. M. Valleix employs waxed thread to fasten the sponge to a piece of curved whalebone; this can be warmed and curved into shape by heat.

When we make such powerful applications to children we should have at least two assistants, so as to hold the head well thrown back, and the hands and feet secured. The physician must depress the tongue with the handle of a spoon, or a bone spatula, held in his left hand, while he holds the pencil or sponge mop in his right.

We have great faith in blood-letting by leeches, if called early to the case; that is,

when the child is strong and vigorous; in four cases recently so treated, they all recovered. We use the leeches either in front or on the swollen gland of the neck. If the case is not seen until the third day, and prostration is shown by signs of weak pulse, loss of appetite and restlessness, depletion will be of no use. If we cannot employ depletion, we have three remedies to fall back upon, but each of them must be carefully guarded by tonics or antiperiodics, namely, mercury, in the form of calomel, antimony, in the form of antimonial wine, or the golden sulphuret, with Dover powder, or the tincture of aconite root, or fluid extract. Of the last, in doses, for an adult, from one to four drops, or of the tincture from three to ten drops, in water, so as to reduce the heat of skin and pulse, produce free perspiration, and cause removal of the disease.

Should we be sent for still later in the disease, or have to treat a gangrenous form, and find our patient weak and prostrated, the tonic and stimulating treatment should be combined with the local treatment, and wine whey, milk punch, and the strongest broths, should be given every few hours, in small quantities, while the following mixture should be given every four or six hours:—

R. Quiniæ disulph.,	grs.xxiv
Tinct. ferri sesqui.,	
Acid hydroc. dil.,	aa ʒij
Aquæ,	ʒx
Syr. simp.,	fl.ʒij M.

Sig.—A tablespoonful in water, every four or six hours, for an adult.

The following gargle may be employed, to act as a detergent and for removing the offensive secretion:—

R. Acid. carbolic. dil.,	ʒiij
Glycerini,	ʒiij
Aquæ,	Oj. M.

Employ as a gargle several times a day, for an adult.

The diet in this disease, in all its stages, should consist of milk, gruel, light broths, beef-tea, etc.

There are a few rare forms which this disease assumes, affecting the nose, eyes, wounds, blistered surfaces—albuminuria, hemorrhage, purpura, and paralytic affections. The invasion of the nose by diphtheritic inflammation and deposit is shown by redness of the margin of the nostrils and a profuse discharge of sanious ichor, excoriating the upper lip.

This has to be kept clean by the nasal douche, with salt and water, and the occasional use of the following gargle and wash in the douche:—

R. Calcis chlorinat., 3j  
Aque, Oj. M.

Sig.—Use in the douche every three or four hours, mixed with an equal quantity of warm water.

Frequent epistaxis will follow this affection of the nares, and we have also hemorrhage from the throat; these must be checked promptly, for the loss of the blood, by exhausting the already enfeebled powers of life, will often determine that the case will be fatal.

In this hemorrhagic class of cases no one remedy will produce such good results as the liquor ferri persulph., or Monsell's solution, for local as well as internal administration. In diphtheria of the conjunctiva, where the palpebral as well as ocular surfaces are concealed by a thick layer of coherent lymph, the most successful treatment is to peel off, partly by scraping with a scoop, and partly by forceps, the whole false membrane, and brush the conjunctiva in every part with a strong solution of nitrate of silver, while a saturated solution of chlorate of potash, in glycerine and hot water, is used as a wash to the eyes. This is to be removed again by the use of tepid water and milk, equal parts. Internal administration of the mixture before directed, of chlorate of potash with quinia sulph., is absolutely necessary. Diphtheritic exudations on the skin of rectum, vagina and blistered surfaces are to be removed, and the parts washed with liq. sodæ chlor., ʒss., to the pint of warm water, and, if not removed, a stronger preparation of acid or nitrate of silver is to be applied.

*Albuminuria* is a frequent but not a constant attendant upon diphtheria. To determine this condition, apply heat to a portion of the morning urine; it is easily detected, if the quantity is small; by adding a small portion of nitric acid, to neutralize any alkaline salts in the urine, it can be more readily seen; in every case the urine should be boiled, either in a test tube, or in an old spoon, over a lamp or gas burner. When albuminuria occurs in diphtheria it usually occurs early in the disease, differing essentially from scarlet fever, in which the albumen occurs late in the affection. If there are no casts of the urinary tubes it is not to be regarded as a very serious complication, as we have had patients with large

quantities of albumen in the urine in this disease, and yet recover. But should casts be discovered by a powerful lens, or on a microscopic examination, it must always be regarded as a very serious complication. There is no better remedy than the one before ordered, of chlorate of potash and sesquichloride of iron, adding the liquor ammonia acetatis in this complication of the disease, with the free use of the warm bath, and flannel all over the body of the patient.

*Purpura*, with an irregular mottling of the skin, with hemorrhage from the various outlets of the body, is also a complication. It is to be treated, as we have already stated, by the salts of the persulphate of iron, also gallic acid and powdered peruvian bark, in large doses, or bisulphate of quinine. Where the bark irritates the patient's stomach, or either should have this tendency, they can be administered by the rectum, in liquids, forming combinations with a wineglassful of boiled starch or thick gum mucilage; or, still better, in the form of rectal suppositories, made of cocoa butter, in the proportion of quinia sulph., gr.v in each, with one-eighth of a grain of morphia sulph. The gallic acid should be given in ten-grain doses, in this way, or one-third less than by the mouth.

The last of the sequelæ of diphtheria of which we will treat is paralysis, which may affect the neck or produce hemiplegia. In these latter attacks it is usually ushered in with convulsions, and the patient will partially recover by means of local depletives, ice, etc., with the use of large doses of bromide of potassium or sodium, and when all acute symptoms have passed away, strychnia, in minute doses, the cold bath, frictions, and the galvanic or faradic current.

## A NEW SPLINT FOR FRACTURES OF THE FORE-ARM AND HAND.

(WITH TWO ENGRAVINGS.)

BY E. H. COOVER, M. D.,  
Of Harrisburg, Pa.

Some ten years since, my attention was directed to the want of a splint of better form for the treatment of fractured limbs. I then designed the form as represented by the engravings.

The splints can be carved from wood, or pressed from metal and rubber. Selecting the

fore-arm and hand as a base for experiment, practice and experience have convinced me that, with my improvement, the ends of broken bones, when adjusted, can be retained in apposition, and the limb be at ease. The cuts do not do justice to the splints, but every physician and surgeon who sees them, or who may have occasion to need in his practice a splint, will at once be impressed with their practicability. The splint has been used by me in private practice for ten years, and I have no hesitancy in recommending them to the profession. The natural shape of the limb has been greatly overlooked in the treatment of fractures, which have so often occasioned de-

date union are secured, because the bones are not liable to displacement on account of the limb retaining its natural shape; and having a solid base to rest upon, it needs no packing, which is a valuable consideration.

Third. By the use of this splint, when the bones are in apposition, there are no violent contractions of the muscles, nor strain upon the ends of the broken bones, but all the parts are at rest. The patient is entirely (all things being equal) free from pain.

Fourth. The engravings represent two splints shaped somewhat different at the hand.

Engraving, Fig. 1, can be used for all fractures of the arm and hand, with the fingers flexed upon the hand, and passive motion can be directed the first, second, or third week, as the attending surgeon may direct, thereby keeping the tendons loose in their sheaths, and the patient will be enabled to secure the use of his limb sooner than by the use of any other splint.

Engraving, Fig. 2, will serve the object better where the surgeon desires to keep the hand and fingers extended.

FIG. 1.



FIG. 2.



formity and much suffering. It is well known that unless the splint used for the treatment of a fracture adapts itself to the natural shape of the limb, it will be impossible to keep the fractured ends of the bones in apposition, or give the limb rest and ease; but this splint is so carved and shaped as to exactly (or as nearly so as can be) adapt itself to the inner surface of the arm and hand, thereby making a solid base for the limb to rest upon, with such depressions as the natural inequalities and irregularities of the same may require.

The advantages of this splint are based upon the following facts, viz:—

First. That it adapts itself to the natural formation of the parts applied.

Second. When applied, and the ends of the bone are in apposition, the chances for imme-

GENTLEMEN:—The first case to which I will direct your attention this morning is one of disease of the upper part of the shaft of the femur. The patient is a negro woman, aged 19, a domestic; and she tells me that until the last few months she has always enjoyed perfect health. About ten months ago she experienced a pain in her left hip, which gradually became more and more severe, and was accompanied by swelling of the hip and thigh. About seven months since, these openings, which I show you, made their appearance, one over the trochanter, and one much lower down, on the outside of the thigh. From both of these apertures there has been a constant, although not a very profuse, purulent discharge.

Now, what is the affection? The girl indignantly denies any imputation of a syphilitic nature, earnestly protesting that she has always lived a proper life, and on careful examination, I can discover no specific indications. She has never received any injury to the hip, and cannot remember that she has fallen upon or bruised the part. In fact, the history of the origin of her trouble would appear to be

## HOSPITAL REPORTS.

### PHILADELPHIA HOSPITAL.

SURGICAL CLINIC BY JOHN H. BRINTON,  
M.D., Wednesday, January 3d, 1877.

REPORTED BY W. W. VAN VALZAH, M. D.



altogether negative. It is more than likely, however, that the disease of this bone is of scrofulous nature, since it is a well-known fact that the negro race is apt to suffer from this diathesis.

In order to arrive at a just opinion as to the amount of disease, I have had the woman anesthetized, and I will now make a careful exploration of the parts. You observe, directly over the great trochanter, a fistulous orifice, and also another at the lower part of the middle third of the thigh. Through the upper opening, which I enlarge with my knife, I now pass my finger, and carry it down to the trochanter. The outer surface of this protuberance is bare of periosteum, roughened, and carious, and this carious condition I can trace downward for a couple of inches, upon the shaft of the bone. The neck of the femur, I find, by passing my finger in that direction, is intact, and unaffected by the disease. Now, whatever may be the cause of this trouble, the indication in treatment is plain, namely, to open the parts by a free external incision, and then, with my cutting bone forceps and pliers, to remove all of the trochanter and shaft of the femur which may be in a carious or necrosed state. Having, as you observe, now effected a free removal of the diseased bone, I shall plug the wound with lint saturated with a styptic solution, in order to arrest the bleeding, which is rather profuse. The after treatment will be simple enough—a little opium, internally, for the first few hours, and for the wound a careful dressing. I have no doubt that healthy granulations will be developed, leading to a good recovery.

#### Amputation at the Knee Joint.

Our next patient is in a bad condition, and for his relief a serious operation is necessary; one which I shall perform with some anxiety. Here is his history: he is a carpenter, 32 years of age, married. On the 11th of November last he fell from a height of two stories, to the ground, fracturing both bones of the leg, in two places, the uppermost point of fracture being compound, just below the knee-joint. He was admitted to the hospital immediately after the accident, and every attempt has been made by my predecessor to save the limb. Great inflammation of the leg and thigh, resulting in profuse suppuration, has occurred, and the patient's constitution has suffered in a marked degree.

Now, gentlemen, what can be done for this man? shall further attempt be made to save his limb, or shall a conservative treatment be abandoned and the part amputated? This is a most serious question, involving, as it undoubtedly does, the man's chances of life. My mind is already in great part made up in favor of the amputation, and for these reasons: the attempt to save the limb has already been faithfully and skillfully made; proper dressings have, for weeks, been applied; local cleanliness and full drainage have been rigidly enforced, and the constitutional symptoms have been met,

as far as possible, by general tonics, and by a judiciously selected diet. Yet see the result, to-day. At the point of fracture just below the knee, no union has taken place between the fragments. The leg is infiltrated with pus; and upon the thigh, as you notice, are two openings, one upon the inner and one upon the outer side, the vents of large abscesses which have here formed. The patient's general condition is bad; his pulse ranges from 120 to 130; he is emaciating, and gradually becoming weaker and weaker; in a word, he is rapidly going from bad to worse, and unless we can do something for him he will die.

I have explained his state to him and to his friends, and have told them that I would place him under ether, examine the condition of the fractured bones, decide as to the propriety of an operation, and if necessary, perform it at once. He is now anesthetized, and when I thrust my index finger into the limb, at the point of fracture, I find the extremities of the bones perfectly bare, stripped of their periosteal covering to a considerable extent, and bathed in pus. Indeed, from this point my finger readily passes down the leg, and up into the thigh, along the track of great sinuses, leading to foul abscesses. You see, too, that a very copious hemorrhage, of venous character, is taking place. I must decide quickly, and with the advice of my colleagues, Drs. Allen and Maury, this is my decision—immediate amputation of the limb, for resection is out of the question.

Having applied the tourniquet upon the femoral artery, I now remove the leg at the knee-joint, cutting, as you see, a long anterior cutaneous flap, opening the articulation, dividing the crucial, lateral, and posterior ligaments, and making upon the posterior surface, a short flap. The popliteal vessels I cut squarely on the line of the joint; I now saw off the projecting condyles of the femur in a semicircular direction, from above downward. The patella I leave in the anterior flap; the semilunar cartilages I have taken away with the leg. With the aid of my colleagues, I now tie the popliteal artery and vein, using separate ligatures, and marking the ends of the threads by knots, for future identification; I also tie one or two smaller branches, given off in this neighborhood, probably the upper and middle articular vessels. The popliteal having been divided above the origin of the inferior articulars and surals, I am relieved from the ligation of these vessels. This I consider an important point in the operation, lessening, as I firmly believe it does, the danger of secondary bleeding. The hemorrhage is now controlled, and I will leave the parts open to the air for a little while, until the glazing of the cut surfaces shall take place.

In the meantime, let me say a few words to you regarding amputation at the knee-joint and at the knee, operations of comparatively recent date, and which have been brought to the notice of modern surgeons by Velpeau, in France, in 1829, and later by Syme and Cardan, in

Great Britain; and in this country by Drs. Stephen Smith, Markoe and myself. For a long time the propriety of this disarticulation was a mooted point; now, however, it is so no longer. The value of the operation is to-day conceded, and this value depends in great part upon the lessened mortality of amputation through the knee-joint, or just above it through the cancelled structure of the femur, as compared with any of the ordinary amputations of the thigh. Taking all the reported cases of knee and knee joint amputations, both primary and secondary, which I have been able to collect, I find, in the aggregate, a mortality rate of about 32 per cent. The fatality rate of thigh amputations is much higher, varying from 40 to 65 or 70 per cent., according to the statistics of various writers; whilst the death rate of leg amputations is about 35 per cent. This comparison clearly evinces the advantage of the disarticulation of the knee in proper cases; an advantage which I think is dependent upon the lessened shock of operation, the reduction of the amount of suppurating surface, and by the diminished risk of pyemia. The latter consequence of amputation is, as we know, often dependent upon osteo-myelitis or inflammation of the medullary cavity of the bone. In the operation which I have just shown you, the medullary cavity is not opened or sawn across, and the patient thus has every chance of escaping one of the most dangerous accidents which so often accompanies the removal of a limb.

One of the dangers which is common to this, as to every other amputation and large operation, is secondary hemorrhage. In my own experience, which in amputation of the knee is now large, this after-bleeding not unfrequently comes from the articular vessels, and it is for this reason that I always cut the popliteal short, above the origin of the middle and inferior branches, so as to lessen this risk as much as possible; and here let me advise you not to employ the mode of amputation by the large posterior muscular flap; since the vitality of the gastrocnemial muscle, included in such flap, must depend upon the integrity of the sural arteries. Inasmuch, however, as these cannot well be preserved without increased risk of secondary bleeding from the articular vessels of higher point of origin, I think the posterior flap method should be rejected.

You will naturally inquire as to the value and utility of the stump left after the amputation in question. I can only say to you, that it is excellent, and such you will find to be the testimony of the manufacturers of artificial limbs, who see so many cases of amputation after they have, as it were, passed from the surgeon's notice. The degree of movement of the stump is wonderfully great, especially the power of rotation dependent upon the preservation of the insertion of the adductor magnus muscle.

In the case before you, the bleeding has now entirely ceased, and I shall close the stump by a few points of metallic suture, carefully avoid-

ing twisting the wires too tight. I leave them a little loose, so as to prevent them from cutting out, when swelling of the flaps shall ensue. I also see that the angles of the wound are freely open, so as to ensure perfect drainage. Into the openings of the thigh abscesses, I place drainage tubes. A few strips of adhesive plaster, just enough to give support, complete the dressing of the stump, which I cover with a cerate cloth. To-morrow, or next day, I shall direct this to be changed for a square of lint, dipped in carbolic acid solution. The stump I now place upon a pad of cotton, on a pillow, and leave it exposed, so that the occurrence of any bleeding may at once be detected by the nurse, who will be stationed at the bedside. I shall direct a full dose of opium, and as the patient is very weak, I shall take care to have him properly nourished and stimulated. What the result of this case may be I cannot tell, but of one thing I am right sure, that the man has now his best chance of life.

### COLLECTION OF PRESCRIPTIONS FOR DISEASES OF THE NERVOUS SYSTEM.

BY C. C. VANDERBECK, M. D.

Having for years carefully preserved the copy of the prescriptions ordered for patients at the various clinics of our numerous hospitals and dispensaries, at which I may have been attending, I now submit some of them to the readers of the MEDICAL AND SURGICAL REPORTER.

#### SCIATICA (Non-rheumatic).

R. Quinæ sulph., grs. xij.

Sig.—Two grains every four hours, in solution.

R. Tinct. iodinii.

Sig.—Paint the painful part with this once a day.

R. Morph. sulph., gr. ½.

Sig.—Give hypodermically, once a day.

Da Costa.

#### SCIATICA (From Lead Poison).

R. Pot. iod., gr. x

Syr. tolu,

Aquæ,

ss

ʒj. M.

Sig.—One dose, ter die.

Da Costa.

#### TRAUMATIC SCIATICA.

If the case is seen early, leeches should be applied; or a few wet cups may be used. Perfect rest of the limb should be enjoined.

R. Pot. iod., ʒij  
Spt. etheris nit., ʒss  
Syr. simplicis, ʒj  
Aquæ, ʒss.

ʒij  
ʒss  
ʒj  
ʒss. M.

Sig.—Desertspoonful three times a day.

## DOUBLE NEURALGIC SCIATICA.

Full, nutritious diet. Life in the open air. Such use of hypodermic injections of morphia as shall insure ease from pain; also:—

R. Pil. ferri. arsenic. et quiniæ.

Sig.—One pill after each meal. *Da Costa.*

EPILEPSY (*Syphilitic*).

R. Pot. iod., grs.v  
Pot. brom., grs.xv.

Sig.—Taken in solution, two hours after each meal. Increase, after a time, the iodide. Small blisters may be applied to the back of the neck. The bowels should be moved occasionally.

## EPILEPTIC SEIZURES AT THE MENSTRUAL PERIOD.

The case in question was a young woman who menstruated only once in six weeks, and then the flow was very scanty. The convulsions were pronounced to be due to reflex irritation, from congestion of the ovaries.

R. Aloes, gr.j  
Belladonnæ ext., gr.½  
Capsici, gr.½  
Ft. pil.

Sig.—Taken every evening, for a few days before menstrual period. Just at this time, leeches, applied over the ovaries, and warm baths, will be of service. The diet must be of easy digestibility.

Also use the following prescription:—

R. Pot. brom., grs.xx  
Tinct. belladon., ℥ij  
Syrupi,  
Aquæ, aa q.s., ad. ft. 3ij.

Sig.—One dose, three times a day.

It may be remembered that it was in just such cases as these, of convulsions attending disorders of menstruation, that bromide of potash first came into use. It was soon discovered that its antispasmodic virtue extended to all forms of epileptic seizures, whether connected with some obvious irritation, or having no such dependence, being idiopathic in character.

## IDIOPATHIC EPILEPSY.

R. Sod. brom., grs.x  
Tinct. aurantii cort., ℥xx  
Tinct. belladonnæ, ℥ij  
Mist. acaciæ, q.s., ad. ft. 3j. M.

Sig.—One dose, taken in water, two hours after each meal.

Or—

R. Potas. bromid., 3iij  
Ammon. bromid., 3iij  
Pot. bicarb., grs.xx  
Tinct. columbæ, 3iij  
Aquæ, 3xij. M.

Sig.—Teaspoonful to tablespoonful, ter die.

The addition of the columbo makes the mixture more agreeable to the stomach, and also acts as a mild tonic, and it also preserves the liquid from becoming flocculent, as it tends to do when the menstruum is composed of water solely.

## NEURALGIA.

R. Veratrise, grs.x-xx  
Adipis, 3j. M.  
Ft. unguentum.

Sig.—Apply to part.

Also—

R. Aconitæ, gr.ss  
Veratrise, grs.x  
Adipis, 3j. M.

Sig.—Apply to part.

## NEURALGIC HEADACHE.

R. Quiniæ sulph., grs.xij  
Morph. sulph., gr.j. M.

Triturate in a mortar, and divide into twelve powders.

Sig.—One powder every four or five hours.

SUPRA-ORBITAL NEURALGIA (*Syphilitic*).

R. Pot. iod., gr.x.  
Sig.—One dose, ter die, in solution, after meal. Increase the dose to twenty grains, after a time.

Also—

R. Ung. aconitæ, strength, gr.ss, to adipis, 3j.  
Sig.—Rub over painful part.

## UNCOMPLICATED SUPRA-ORBITAL NEURALGIA.

R. Arsenici, gr.½  
Ext. conii, gr.j  
Ext. cannabis ind., gr.½  
Sig.—One dose, ter die. *Da Costa.*

## OBSTINATE NEURALGIA.

R. Sodæ arseniatis, gr.3j  
Cinch. sulph., grs.ij  
Conii ext., gr.j.  
Sig.—One dose, ter die. During the paroxysm use hypodermic injection of morphia.

## CEREBRAL NEURALGIA.

R. Chloral hyd., grs.x  
Pot. bromid., grs.xx  
Syr. aurant. cort., 3ss  
Aquæ, 3iss. M.

Sig.—One dose, at bed time.

Also—

R. Tinc. cinch. comp., 3ij  
Fl. ext. cinch., 3j  
Ammon. brom., 3ss. M.

Sig.—One teaspoonful, ter die.

## UTERINE NEURALGIA.

- R. Tinc. aconit. rad., ʒiiss  
 Ammon. chloridi, ʒij  
 Ammon. iod., ʒij  
 Tinct. card. co., ʒij  
 Syr. aurant. cort., ʒiv  
 Aq. anisi., q.s. ad. ft. ʒviij. M.

Sig.—One drachm, every four hours.

Also—

- R. Syr. ferri, quiniæ et strychniæ phos.  
 Sig.—One drachm, half an hour before each meal.

## OVARIAN NEURALGIA.

- R. Ammon. mur. ʒij  
 Tinct. aconit., ʒij  
 Syr. aurant. cort., ʒviij. M.  
 Sig.—One drachm, ter die. *Da Costa.*

## ANTI-NEURALGIC TONIC.

For long standing cases—

- R. Acid. phosphoric. dil., gttss.xx  
 Tinct. cinch. co., ʒj  
 Strychniæ phos., gr. ʒj. M.  
 Sig.—One dose, ter die.

VERTIGO (*Anæmic*).

- R. Tinct. ferri chlor., gtt.xx.  
 Sig.—One dose, ter die, after meals.

Also

- R. Rhei. pulv., grs.ij  
 Ext. colocynth. co., gr. ʒj  
 Capsici, gr. ʒj. M.

Ft. pil. No. 1.

Sig.—Take at night.

The diet should be composed of meat, meat juice, egg, etc.

VERTIGO (*Gastric*).

- R. Argenti oxid., gr. ʒj  
 Capsici pulv., gr. ʒj  
 Ext. colocynth. co., gr. ʒj  
 Camphor. pulv., gr. ʒj. M.

Ft. pil. No. 1.

Sig.—Take after each meal.

## IDIOPATHIC VERTIGO.

- R. Sodii bromid., gr. xv  
 Ext. belladonnæ, gr. ʒj  
 Vin. colch. rad., gtt. x  
 Muc. acaciæ, q.s. ft. ʒj. M.

Sig.—One dose, ter die.

If bowels are costive, take one comp. rhubarb pill each night.

HEADACHE (*From Exhaustion*).

This form of headache is worse, as a rule, just after arising in the morning, and is often improved by a small amount of whiskey before

retiring. The diagnosis must be positive, or the alcoholic stimuli will increase the congestive varieties. A good prescription for these headaches of exhaustion is—

- R. Tinct. ferri chlor., gtt.xx  
 Acid. muriat., gtt.v  
 Quiniæ mur., gr. ʒj  
 Syr. aurant. cort., ʒj. M.  
 Sig.—One dose, after each meal.

## CONGESTIVE HEADACHE.

- R. Ammon. mur., gr. xv  
 Tinct. aconit. rad., gtt. ʒj. M.  
 Sig.—One dose, ter die.

Keep up a drain from the bowels, by the use of Rochelle salts. Abundant exercise in the open air. Frequent bathing. Also—

- R. Ammon. mur., gr. x  
 Ammon. brom., gr. xv  
 Tinct. aconit. rad., gtt. ss  
 Syr. aurant. cort., q. s. M.

Sig.—One dose, ter die.

## CHRONIC HICCUGH, FROM NO ASSIGNABLE CAUSE.

- R. Tinct. calabar bean, ℥x  
 Pot. carb., gr. x  
 Mist. acaciæ, ʒj. M.

Sig.—One dose, ter die.

No vegetables should enter into the diet. The food should be non-stimulant, making use of milk, eggs, etc. In some cases, tinct. of calabar bean alone answers very well. Sometimes a hypodermic injection of morphia cures or relieves.

## INCIPIENT SOFTENING OF THE BRAIN,

Attended with bad memory, visions, giddiness, and headaches.

- R. Acid. phos. dil., gtt.xx  
 Tinct. cinch. co., ʒj  
 Tinct. nucis vomicæ, gtt.v. M.

Sig.—One dose, ter die.

Keep the patient in society; or send him upon a journey. Aim at bringing before his mind new scenes, etc.

## SOOTHING NERVE AND TONIC.

- R. Pot. bromid., ʒss  
 Ferri pyrophos., ʒij  
 Elix. humuli, ʒj  
 Aquæ, aa. ʒiv. M.

Sig.—Tablespoonful, ter die. *McArthur.*

## ANODYNE PILLS.

These have the advantage of not affecting the bowels:—

- R. Morph. acet., grs.ij  
 Hyoscyam. ext., grs.viij. M.  
 Ft. pil. No. xvj.

Sig.—One pill at bedtime.



## LARYNGISMUS STRIDULUS.

Large doses of bromides. For a child two years old, six grains, every two hours, may be given. If there is any source of irritation, as from the stomach or gums, this must be removed. If not complicated with laryngitis, indicated by a hoarse voice, cold sponging is the grand remedy. To arrest a paroxysm, a dash of cold water in the face is often sufficient. If this fail, cold water applied to the whole body is of value. The child should be sponged faithfully and regularly, at least three times a day, and also allow the child to be much in the open air.

NERVOUS EXHAUSTION (*From Excess*).

General weakness, and tremors in the legs, being the symptoms.

R. Syr. calc. hypophosphitis, 3ij  
Ferri phosphitis, grs.ij. M.

Sig.—One dose, ter die.

Also—

R. Ol. morrhuae, 3j.  
Ter die.

Eat rare meat, milk, eggs; not very many vegetables, especially if digestion is poor.

*Da Costa.*

This is often the incipient stage of softening of the brain.

PARTIAL HEMIPLEGIA (*Malaria*).

R. Quiniae sulph., gr.ij  
Strych. sulph., gr.iss. M.

Sig.—One dose, ter die, in pill.

Use frictions to the limbs, and also stimulate the muscles with the electric current. Purge the patient once or twice a week.

## CHRONIC MENINGITIS.

R. Pot. iod., gr.v  
Pot. brom., gr.x  
Inf. gent., 3j. M.

Sig.—One dose, ter die.

Small blisters back of the neck.

## NEURALGIA OF MAMMA IN A MALE.

R. Emp. belladonna.

## HYSTERICAL DEPRESSION OF SPIRITS.

R. Spt. etheris comp., 3j.  
Sig.—One teaspoonful, several times a day.

SPINAL MENINGITIS (*Chronic*).

This was a case in which the result of the inflammatory changes in the spinal meninges caused pressure upon the columns, and thus gave rise to paraplegia. To promote absorption of thickened membranes, and to lessen the amount of blood in the parts affected, give:—

R. Pot. iod., gr.v  
Tinct. belladonnæ, gtt.ij. M.

Sig.—One dose, four times a day.

Wet cupping is advisable, also the occasional use of the comp. cathartic pill.

## CONCUSSION OF THE NERVES.

Excessive sensibility of the limb, and lowered temperature being symptoms, sham-pooing the extremity, and the use of electricity are the remedial agents.

## LESSENED REFLEX EXCITABILITY.

Small doses of quinine, frequently repeated, will increase reflex excitability.

## ARSENIC AND IRON TONIC.

R. Liq. pot. arsenit, 3ss  
Vin. ferri, 3ij  
Syr. aurant. cort., aa 3j et 3ij.  
Aque, M.

Sig.—One teaspoonful, ter die, after each meal, on a full stomach.

## PUERPERAL CONVULSIONS.

R. Pot. bromid., 3j  
Chloral hyd., 3j  
Camphoræ, grs.vj  
Tinct. card. co., 3vj. M.

Sig.—Dessertspoonful, every half hour, until relieved.

## GASTRODYNIA.

R. Ol. cajuputi (on sugar), gttss.ij  
A mouthful of hot water will often quell the pain.

## TRISMUS.

Opium and brandy, when it occurs in an adult. The brandy may be given in dessertspoonful doses, every two or three hours, with beef tea, and a grain of opium every three or four hours. At night a grain may be given every hour.

## MEDICAL SOCIETIES.

## PROCEEDINGS OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY,

At a Conversational Meeting held Nov. 22d, 1876.  
Dr. Thos. M. Drysdale, President, in the Chair.

REPORTED BY FRANK WOODBURY, M. D.

In opening the discussion upon Dr. Porter's paper, on "The Treatment of Chancres" (See last number of the MEDICAL AND SURGICAL REPORTER), Dr. H. Lenox Hodge inquired the lecturer's opinion as to the value of iodide of potassium in the secondary and tertiary eruptions of syphilis.

The lecturer replied that, in the treatment of the later stages, he generally uses the iodide combined with bichloride of mercury, as, in his experience, the potassic salt has not been as efficient alone as in this combination. In advanced syphilis the iodide is useful, but in the primary and secondary manifestations he prefers mercury.

Dr. H. Lenox Hodge had a case, in the person

of an intelligent physician, who believed only in mercury. He persuaded him to give the iodide of potassium a trial, in the treatment of a syphilitic erythema, and after using it alternately with the mercury, he found that there was no comparison between the two. The iodide diminished the eruption more rapidly, and kept it away for a longer time than did the other remedy. When it again returned, he tried the mercury alone, as before, with but little good effect, and was obliged to return to the iodide; taking, as a rule, about twelve grains daily.

Dr. William G. Porter. The symptoms may yield more rapidly to the iodide of potassium, but are more apt to return than under the mercurial treatment.

Dr. H. R. D. Blackwood had an extended experience with syphilis in the army and private practice. He had not had good results from small doses of iodide of potassium, but found that, in large doses, from 60 to 180 grains daily, it was, in many cases, as efficient as mercury in treating the secondary symptoms of syphilis. With or without treatment, however, he had noticed that the hard chancre was always followed by infection of the system; in fact, he believes that syphilis is rarely permanently cured. In treating the primary sore he uses nitric acid or the acid nitrate of mercury, and thoroughly cauterizes its surface, but has seen the rash invariably following the hard chancre, no matter how early it is cauterized. The first appearance of induration is an evidence of constitutional infection. In treating the eruption with potassic iodide he begins with ten grains thrice daily, and rapidly increases the dose, pushing it until its effects are noticed. Generally, however, he relies upon bichloride of mercury.

Dr. George Strawbridge has found that in some cases the iodide of potassium is not well borne, even in small doses; it produces irritation of the nasal mucous membrane, loss of appetite and a bad taste in the mouth. Some persons, from idiosyncrasy, cannot take iodide of potassium, and this possible effect should be borne in mind in prescribing.

Dr. George Strawbridge has made some experiments to decide the relative therapeutic value of the iodide and bichloride in secondary manifestations, particularly in the treatment of iritis. He has adopted the rule to use them both in combination where the symptoms are urgent or severe, but in milder cases to use the iodide alone, especially if the primary infection antedated considerably the time of treatment. In many cases, however, he is quite sure, when no good result had been obtained from the iodide, that the combination mentioned has produced the happiest effect.

Dr. Blackwood inquired if the lecturer had used the bichloride of mercury hypodermically. He had been astonished by the rapidity of the cure of secondary manifestations in a case under this method of Lewin. He thought that if the bichloride were well diluted and deeply injected, no ulcers would be likely to follow.

Dr. Porter had not tried the hypodermic method, as he had always been satisfied with the results obtained by administration in the ordinary way, which he regards as the more convenient, less painful, and perhaps just as efficient. The treatment must vary with the case. In one bad case of constitutional infection, with bone trouble, loss of part of palate, and ulceration of nasal bones, there was wonderful improvement under the use of the mercurial vapor bath, though previously profoundly cachectic and syphilitic.

He regards the bichloride of mercury as being quite as valuable in tertiary as in primary syphilis, but it should be given in smaller doses, commencing with grain  $\frac{1}{2}$  at a dose, and cautiously increasing. He makes it a rule to apply fuming nitric acid to every sore on the penis that applies for treatment, whether chancre, herpes or abrasions; this prevents the formation of buboes with the chancreoid, but does not appear to prevent a hard chancre from infecting the system. In phagedena he uses supporting treatment, and if the sore is accessible, cauterizes it with nitric acid. The potassio-tartrate of iron may be exhibited as recommended by Ricord, externally in strong solution, thoroughly applied, and internally in five to ten grain doses, given three or four times daily. Very good results have been obtained, in his experience at the Philadelphia Hospital, from powdered sub sulphate of iron dusted over the sore several times, until a crust is formed, which is removed the next day by a poultice. In many cases of phagedena the charcoal poultice is the best application to make, while due attention is paid to supporting the system. In inherited syphilis he had seen good results from calomel in small doses.

Dr. S. D. Risley. In comparing different remedies, it is well to remember that different results may be obtained from the same agent by varying the mode of administration. An iritis, which appeared while the patient was under a course of iodide of potassium, disappeared in three days after adding mercurial inunction to the treatment. In another case, a gumma over the eye resisted several weeks of the administration of the biniodide of mercury, but speedily got well under inunctions. In a third instance an iritis grew steadily worse under the biniodide of mercury, which afterward rapidly improved under the combined treatment of iodide of potassium and mercurial bichloride. He corroborated Dr. Strawbridge's statement as to the value of this combination in the treatment of iritis.

Dr. Andrew Nebinger does not believe that a chancre is an infectious sore until induration occurs. When he has an opportunity to cauterize a chancre in its formative condition, and applies the nitrate of silver thoroughly, he feels confident that the patient will get well without further medication, yet he has been in the habit of giving the patient the benefit of the doubt, and submits him to constitutional treatment. One free cauterization, as a rule, is all

that has been required at his hands. After this application he has treated the sore with an ointment, made in the proportions of two drachms of calomel to two drachms of simple cerate. He has the greatest confidence in mercurial treatment. Mercury is the only reliable antidote for syphilis. Indeed, with his confidence in mercury as an anti-syphilitic agent, he feels that if he neglected or refused to treat syphilis with mercury, he would be liable to a suit for malpractice. He has found that the curative effects of mercury are hastened by its use in conjunction with iodine combined with iodide of potassium. In the management of syphilis in all its forms, of primary, secondary and tertiary, he directs one-third of a grain of proto-iodide of mercury to be taken morning and bedtime, and a tablespoonful, after each meal, of a mixture prepared thus: take of iodine, one grain; of iodide of potassium, one drachm; of water, one ounce, and of syrup, three ounces. He could not understand the statement made by the lecturer, that the matter from a hard chancre will not reinfect the patient himself. This statement is not, to him, orthodox, in the light of his reading. Ricord was in the habit, when he encountered a case of untractable gonorrhoea, of determining whether the difficulty depended upon the presence of a chancre in the urethra, by introducing some of the urethral discharge into the skin of the thigh of the patient; when, if the gonorrhoea depended upon a chancre, or was, in other words, syphilitic, a chancre would be developed by the inoculation.

Dr. Porter. The soft chancre, or the suppurating bubo, will furnish pus inoculable, either on the patient himself, or on the lower orders of animals; but the secretion of the hard chancre will not reinoculate the patient or an animal, unless the sore has been artificially inflamed, in which case it furnishes pus that will produce a chancreoid sore. This is the way in which syphilization is induced, the good results obtained from it being probably due to a

derivative influence through the irritation of the skin, in the same way as blisters or small setons would act beneficially. A hard chancre can be contracted a second time, provided that the first attack of syphilis has been cured by mercury, and this is one of the evidences that syphilis is curable. If a man had undergone a course of treatment such as indicated, extending over a period of two years, and during this time showed no further symptoms, he would regard him as cured, and the fact of his having previously had syphilis need not debar him from marriage.

Dr. C. R. Prall endorsed Dr. Strawbridge's remarks. About one-fifth of the cases cannot take the iodide at all, as it gives them an intolerably bad taste in the mouth, and destroys the appetite. He inquired whether any combination would overcome this bad effect?

Dr. Blackwood said that, although the iodide would not suit all cases, where it can be taken in large doses it has given very decided results in his hands. In some cases the bichloride or any salt of mercury will also destroy the appetite, but, as a rule, it improves it. In the hypodermic administration he recommended a small amount of atropia,  $\text{gr. } \frac{1}{16}$ , to be added to each injection, to relieve pain, the needle to be thrust deep into the cellular tissue, preferably in the back. He had given as much as one-fourth grain of bichloride at a dose, injected three times daily. He has never seen a hard chancre occurring twice in the same individual, but had known men to contract a soft chancre after a hard chancre had healed, and vice versa.

Dr. Wm. G. Porter, in reply to a question, stated that a suppurating bubo is one of the rarest things occurring in connection with a hard chancre, and when it does happen it is an accident, and does not belong to the course of the disease; at the same time there are always enlarged glands in the groin with the indurated sore, and no positive diagnosis of a hard chancre can be made without finding them in this situation.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Effect of Chloral on the Kidneys.

Mr. Charles Orton writes to the *British Medical Journal*:—

As deaths from doses of chloral are common, and I fear the habit of patients taking it without the authority of medical men is increasing, I beg to call attention to the fact, or what I believe to be a fact, that this drug causes congestion of the kidneys; and if it do so, it must be injurious if taken when the individual is

already suffering from congestion of these regions. My attention to this point was attracted by two cases; one, a medical friend of mine, who was found dead in his bed about half-past ten o'clock at night. Death was attributed to a dose of chloral, presumably an overdose. It was stated that he was suffering from congestion of the kidneys, and at the *post-mortem* examination they were found much congested.

The second case had been considered one of hydrophobia, and had been taking large and repeated doses of chloral. At the *post-mortem* examination we found hemorrhage into the

spinal canal and intense congestion of the kidneys, to which two causes the death was attributed.

Many experiments on animals have convinced me that congestion of the kidneys may and does almost invariably follow the use of chloral.

#### The Treatment of Colds.

In an article in the *British Medical Journal*, December 9th, Dr. J. S. Styrap writes:—

I invariably give small doses of morphia and antimony every three or four hours, until the sneezing and defluxion cease, which, with ordinary precaution, results after the third or fourth dose. The antimony has, in my opinion, a more special effect on the mucous membrane of the breath passages than ipecacuanha.

The following are the forms which, slightly varied, I have used for many years: a dose of two of either of which has enabled me on various occasions, when suffering from catarrh, to attend to my professional duties with comparative impunity. Confinement, however, to the house for a day or two should, I need scarcely remark, be insisted on, whenever practicable. The warm or hot air-bath (or "packing") is a valuable adjuvant to the treatment, if had recourse to on the day of seizure; and in severe cases I generally recommend one or the other, if obtainable, and an immediate retirement to bed in a warm room:—

R.	Liq. morphiæ (P. B.),	m̄xl	
	Vini antimon.,	m̄xxx	
	Potassæ citratis,	℥iv	
	Syr. aurantii,	℥ij	
	Aquæ,	℥iv.	M.

Fiat mistura, cujus sumat cochlearia magna ij quâqua tertiâ vel quartâ horâ.

R.	Liq. morphiæ,	m̄xl	
	Vin. antimon.,	m̄xxx	
	Liq. ammon. citrat.,	℥i	
	Potassæ citratis,	℥iv	
	Spts. chloroformi,	℥j	
	Aquæ,	℥iv.	M.

Fiat mistura, cujus capiat cochlearia magna ij quâqua tertiâ vel quartâ horâ.

My attention was originally directed to the value of small doses of morphia in catarrh, under the following circumstances. Many years ago I was confined to my room by a very severe catarrhal attack and bronchitis, for which antimony, etc., were prescribed, by a friend, with but trifling relief. For some reason or other, I was induced to add the twelfth part of a grain of morphia to a dose I was about to take, and in half an hour or so the sneezing and defluxion had considerably abated. The next few doses were taken without the morphia, and the coryza, etc., returned, and the cough became troublesome; in consequence of which, I repeated the morphia, and again the sneezing, etc., ceased. In every subsequent attack of catarrh (to which I was, at one period, very subject) I combined the antimony

with morphia; and, having tested their value on myself, prescribed them for others, with a like satisfactory result.

#### The Varieties and Sequels of Coxalgia.

The *Archives of Clinical Surgery* states that M. Viennois, of Paris, divides coxalgia into five varieties:—1. Coxo-femoral arthritis, or true coxalgia. 2. Primary osteitis of the upper end of the diaphysis of the femur. 3. Primary osteitis of the bones forming the cotyloid cavity. 4. Inflammation of the bones close to the joint, but not in connection with the synovial membrane (for instance, the great trochanter.) 5. Periosteal inflammation developed in the connective tissue and tendons of the pelvo-trochanteric region. The fourth and fifth varieties are pseudo-coxalgic affections.

In the first variety, or true arthritis, the synovitis is not the cause of much shortening. It is only when the epiphyseal end of the femur is attacked primarily or simultaneously that longitudinal growth of the bone is much disturbed. The cause of the shortening is to be sought in the general atrophy of all the tissues of the limb, induced by long rest, immobilization and disuse. In coxitis from primary osteitis, on the other hand, the growth of the bone is directly concerned, and shortening is a speedy result; the younger the subject, the more obvious is this.

#### New Tests for Bile Pigment.

Dr. W. G. Smith read an interesting paper on this subject, at a late meeting of the Medical Society of Ireland. He showed that the principle on which the tests depended was the conversion of bilirubin into biliverdin by oxidation—a green coloration being produced by the reactions. Although the nitric acid test was depended upon in delicate physiological investigations, it was desirable to have at command some supplementary tests, which were easy of execution and free from fallacy. Four test liquids seemed to answer to these indications, viz., tincture of iodine, ferric chloride, peroxide of hydrogen, and the acetic or phosphoric solution of peroxide of lead. The two latter liquids possessed the advantage of being colorless; and the phospho-plumbic solution especially promised well as a delicate reagent. Peroxide of lead had been utilized in experiments on bile (Maly); but peroxide of hydrogen and ferric chloride had not, so far as Dr. Smith knew, been used by other experimenters. With a fresh supply of material, he purposed to study more closely the action of the iron, lead, and hydrogen peroxide; but, as the clinical experiments had been chiefly conducted with the iodine test, he, in conclusion mentioned the reasons which seemed to him to recommend tincture of iodine to the notice of those interested in such matters. 1. A single reagent, always easy to obtain, is alone necessary; 2. The test liquid is not corrosive; 3. A single definite color is produced by the bile pigment;



4. The color is sufficiently persistent; 5. From the less powerful chemical energy of the reagent, as compared with that of nitric acid, there is a diminished liability to error; 6. No other pigment than bile will yield the characteristic green color; 7. The test fully equals in delicacy, possibly surpasses, the nitric acid test. The test is applied by putting about a drachm of urine in a glass test tube and allowing one or two drops of tincture of iodine to trickle down the side of the tube, so as gently to touch the surface of the urine. A stratum of bright emerald-green coloration forms at the junction of the fluids.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—Notes on the Burning of Theatres and Public Halls. Reflections on some of the causes of the great mortality occasionally attending such fires, and suggestions for improved security to life. The antiquity of the drama and the opening of theatres in America, with a chronological list of theatres and other public edifices burned. By J. M. Toner, M. D., Washington, D. C. This is the lengthy title of a little pamphlet of twenty-two pages, full of good suggestions and information on the subjects mentioned.

—An analysis of forty-one cases of Pericarditis of the Pericardium, is given by Dr. John B. Roberts, in a reprint from the *New York Medical Journal*. It is strongly in favor of the operation.

—No. x, vol. ii, of Putnam's Sons' Series of American Clinical Lectures, is by Dr. Wm. A. Hammond, on Spinal Irritation. It is treated with his customary ability.

—"The Medical Libraries of Boston" is the title of an entertaining description of them written by Dr. James R. Chadwick, of that city 4to, pp. 12.

—Dr. J. H. Gilman, of Lowell, Mass., has sent us a copy of an essay on diphtheria. His treatment is the usual one, by chlorate of potash and tincture of iron.

—We also acknowledge "A Case of Exophthalmic Goitre," by Dr. J. P. Thomas, of Pembroke, Ky.; "Pathology, Etiology, and Treatment of Pneumonia," by the same.

—*Scribner's Monthly* is second to none of our magazines. We welcome with especial

delight another serial story from the pen of Dr. Holland; every article is fresh and pure; a family without Scribner's, is as a garden without flowers.

—*Littell's Living Age* becomes every year more indispensable to the reader who wishes to keep up his or her knowledge of the most distinguished foreign thinkers, in criticism, science, and art. It is also a rare compendium of history and biography, and a treasure house of the best selections of English novelists.

—*The Agriculturist* is without compare in its department, and no lover of farming or gardening can afford to be without it.

—Among our weeklies, the "*Independent*," "*Evangelist*," "*Presbyterian*," and "*Presbyterian Banner*," head the list of religious papers; while "*The Methodist*" and "*Zion's Herald*" are always welcome.

—Of the secular family papers, "*The Germantown Telegraph*," "*The Vermont Chronicle*," and the "*Cincinnati Weekly Gazette*," should be welcome visitors in every family that is interested in good and pure general literary information.

### BOOK NOTICES.

#### Walsh's Physician's Combined Call Book and Tablet.

This is a visiting List for Physicians, with month and year on it, but the date and name of the month to be added. It is ruled for Names of Patients, No. Street, and Dates of Visits, accompanied by a Sign Table. It also contains Calendar for 1877-8; Table of number of drops in a fluid drachm; Graduated Table for administering Laudanum; Graduated Table for regulating the doses of medicine in children; Graduated Table of common abbreviations in writing prescriptions; List of Poisons and their Antidotes, etc. etc.

#### Transactions of the Medical Society of the State of West Virginia for 1876. pp. 125-217.

The transactions are chiefly made up of an address on Stimulants in Acute Disease, by Dr. J. M. Lazzell; a contribution to the History of Medicine in West Virginia, by Dr. E. A. Hildreth; a number of cases of Cancer, by Dr. John Frissell; remarks on Trephining, by Dr. R. P. Davis, and some cases from Dr. D. Baguley; Dr. J. O. Wall also has a historical address. The minutes contain the usual reports.

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**REMARKS ON STATE MEDICAL LEGISLATION.**

The appointment of State Examining Boards to pass upon the qualifications of aspirants to practice medicine, has been much discussed within the past year, and in some quarters warmly espoused and highly lauded. Such Boards have been appointed in North Carolina, Texas, and some other States. They exist in the Dominion of Canada. Their usefulness is being tested.

It has ever been a matter of grave doubt with some of the profession whether this is the best or a good way to check charlatanism. These doubters, among whom we confess to have classed ourselves, and, therefore, have never joined in the cry for such Boards, seem now to be in the way of justifying their lukewarmness.

It is obvious that such outsiders as homœopaths and eclectics cannot be excluded from these boards. Regular physicians must submit to their questioning, be judged by their stand-

ards, have their permit to practice signed by their names—names which every scientific and honest member of our profession denounce as belonging to ignorant men or designing quacks. This objection is no longer a hypothetical one. The Hon. E. B. Turner, Judge of the Sixteenth Judicial District of Texas, announced his intention, last month, to appoint a homœopathist on the District Medical Examining Board. A number of the physicians of that district united in a protest, from which we extract the following:—

"The appointment would certainly destroy the efficiency of the law in this district. It would be impossible to secure a competent Board. Regular physicians could not co-operate with irregulars, because in so doing they would indorse ideas wrong in theory and dangerous in practice.

"Regular physicians, thus associated, would be excluded from membership in the American and State Medical Associations.

"Medical men wishing to locate in this district would be compelled to go elsewhere, because to even appear for examination before a Board so constituted would be a violation of ethical laws."

These expressions all members of the regular profession sympathize with; but his honor takes an entirely different, and what we frankly acknowledge is the popular view, in this wise:—

"You state that I intend to appoint an *irregular physician* upon the board. I have said no such thing. The word *irregular* is yours, not mine. I have said that if I could find a homœopathic physician, who possessed the proper qualifications, I thought it my duty, under the Constitution, to appoint him on the board. To this you object. At the same time you admit that the duty of the board will have been fully discharged, without making any inquiry in relation to matters where there is a difference of opinion.

"That the homœopathic physician is among us, and that many intelligent citizens desire their services, are facts that admit of no question. Shall we permit them to be driven out from among us and deprive such as desire their services from having them? It can be done under this law. When the board is organized *it makes its own rules*, and if they reject an

applicant there can be no appeal; and if he dared to practice at all he would be daily liable to a prosecution and to a fine of not less than fifty dollars. With boards actuated by a determination to rid the country of what you call irregular physicians, the machinery is perfect for ostracism on the one hand and a monopoly on the other."

The physicians again replied, meeting his argument with ability and point, but always with a *petitio principii*, or what would appear to the public as such; for the public is not able to distinguish between the sound claims of science, and the pretensions of pseudo-science.

This Texan experience is sure to recur wherever such examining boards are set up. Nor can any form of legislation be devised which will protect the public from charlatanism, when it is charlatanism that the public prefers and demands.

Would it not be wiser to dismiss all efforts to purify the profession through appeals to State legislatures? Would it not be sounder policy to begin the reform within ourselves; to elevate the standard of education, to insist on the colleges having preliminary examinations, longer courses, sounder instruction?

This is substantially the conclusion which we have commended to us from another State—which has experimented often, and not happily, in medical legislation—Michigan.

In an editorial in the *Detroit Review of Medicine and Pharmacy*, last summer, the writer said:—

"It is a law of organic growth, of development and repair, that the process must begin from the centre of life, from the living protoplasmic matter of the particular body or being in question. We believe that the fullest investigation will show that this law applies perfectly to medical men as individuals and as organized in societies. The practical application of all this and vastly more suggested by it, is, that the medical profession should stop appealing for help in medical matters to the State, or any outside parties, and should so organize and discipline itself as to provide for its own peculiar wants. In this it will be placed on a

par with all other professions. Who ever thought, in this age and country, of seeking legislation to protect the clergy from the ravages of quack clergymen, or the lawyers from shysters, etc.? Let each profession stand on its own bottom, and if unable to take care of itself, let it fall. In Michigan, at least, the profession is satisfied that any reliance upon the State for special help and privileges above those given to all citizens of the State, is vicious in principle and fraught with infinite danger to the profession itself."

This conclusion is that which probably it will be wise for all of us to adopt, and the sooner the better.

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## NOTES AND COMMENTS.

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### Dangers to Health, from Pottery.

The study of *faience* has its sanitary as well as its artistic side. An interesting report on the former branch has lately been made by the Parisian authorities.

It was necessary to ascertain, firstly, whether lead or copper entered into the composition of the glazing; and, secondly, whether the oxide of lead was vitrified on the surface, as a silicate, or whether it was simply melted. After visiting a great number of factories, M. Drouard was able to ascertain that the brown color in hardware was obtained by a mixture of peroxide of manganese, and the green by the introduction of a slight quantity of oxide of copper, improperly termed "calamine," while minium and sulphide of lead produce the yellow glazing. There are, therefore, two deadly substances in use—the minium and the oxide of copper. If the temperature of the oven were sufficiently elevated, the oxide of lead would be converted into silicate of lead, and be able to resist the action of at least weak acids. But to ensure the success of this combination, it is necessary to consume a large quantity of fuel, and in Paris this operation is particularly expensive. The manufacturers consequently seek to reduce their outlay, either by augmenting the quantity of oxide of lead, or by burning less fuel. In this case the minium spread over vessels placed in the upper part of the oven is simply fused with the clay, and is easily dissolved by the most feeble acid. Various experiments were made in all the arrondissements of Paris, which

conclusively proved that acid liquids, such as sour milk, and also grease, often dissolved the oxide of lead contained in the hard ware used for domestic purposes. The reporters consequently resolved that the strictest supervision should be kept over the manufacture of hard ware for domestic purposes; that the manufacturer should be compelled to affix his mark to each article, so that it might be traced back to him whenever the glazing was found to have been improperly effected.

#### The Paris Sanitary Service.

A correspondent of the *London Medical Times and Gazette* states that to cope with epidemics, etc., the Prefect of Police has a somewhat elaborate machinery at his disposal. Each of the twenty arrondissements of Paris, together with some of the outlying suburbs, possesses a local sanitary committee. Each of these committees should be composed of nine members, presided over by the mayor of the arrondissement. As far as practicable, they should contain at least two doctors of medicine, one chemist, a veterinary surgeon, an architect, and an engineer, all chosen from among the more popular and notable inhabitants of the district. This selection is managed in a somewhat peculiar manner, destined, we presume, to combine local influence with the predilections of a centralized government. Thus the mayor of the arrondissement, who is the elect of the people, presents a list of three candidates for each vacant post, to the Prefect of Police; and it is the latter Government functionary who decides which of the three local favorites shall be a member of the district sanitary commission. The most important organization is, however, the Conseil d'Hygiène Publique, which is a sort of central committee, nominated exclusively by the Prefect of Police, subject to the approval of the Minister of Agriculture and Commerce, and which can command the services of all local bodies, thus welding together, for a common purpose, all these various committees. Separately and conjointly, these bodies have to watch for and prevent all causes of endemic, epidemic, or epizootic diseases, to provide for vaccination, to distribute medical aid to the indigent, to improve the sanitary condition of the industrial or agricultural population, of workshops, schools, hospitals, asylums, barracks, prisons, etc., and to ensure the wholesome condition of

all alimentary and medicinal substances sold to the public. This latter task is, perhaps, more successfully and ably accomplished than any of the preceding. The committees have also to report on all projected public works, in so far as they are connected with the public health.

#### The Phthisis of Syphilis.

At the Medical Society of Ireland, recently, Dr. MacSwiney detailed a case, occurring in a man aged 36, which he concluded to be one of syphilitic phthisis from—1. The medical history; 2. The absence of any hereditary predisposition to ordinary phthisis; 3. The progressive extension of the syphilitic disease from its outset, through its various stages, to its ultimate full development; 4. The special cachexia by which the symptoms were accompanied, together with the combination of the lung affection with other specific morbid phenomena; 5. The stage of the specific disease, viz., the tertiary, at which the pulmonary attack set in, that being the stage most frequently, by far, reported as the one in which syphilitic phthisis had been found to present its first manifestation. This diagnosis was subsequently, in some degree, confirmed by the good effect of the short course of anti-syphilitic treatment.

#### Outbreak of Typhoid Fever From Polluted Milk.

In a paper read before the Public Medicine Section of the British Medical Association, Dr. C. B. Fox, health officer, gave the following instance:—

An outbreak of enteric fever occurred in a portion of the town of Brentwood. Whilst the houses of the families affected were provided with different modes of disposal of excrement, some draining into private cesspools and others discharging into the town-sewer, and whilst the water employed by all, with one exception, proved, on analysis, although derived from different sources, to be very pure, there was one condition in common. They all, with one exception, drank milk from the same dairy, and the dairyman washed out his cans with water which was most offensive sewage water. The exception to the rule was the case of a young man who did not deal with this dairyman, but who drank of the same water as that with which he manipulated his milk. I could not learn that any one beside this young man employed this water for drinking purposes. I,



myself, saw the milk-vender milking his cows into a pail which resembled a filthy pig's bucket. His dairy, where the milk was stored in large pans, was situated virtually in a bedroom redolent of organic matter. My surprise was great to find that milk could be preserved for even a short time, in a sweet state, in such impure air.

#### Dry Preparations.

For preparing rapidly bones and ligaments for museum purposes, Dr. L. Frederick (*Bulletin de l'Acad. Royale de Belgique*, June, 1876) recommends that after the soft parts have been taken away, except the ligaments, the preparation be washed in water, dehydrated by alcohol, and then plunged into essence of turpentine. After two or three days' maceration in this fluid, the skeleton is placed in the position in which it is designed to keep it, and dried in the air. In drying, the bones and ligaments become beautifully white, and the whiteness increases as time passes. The same process gives less satisfactory results for muscles. For a parenchymatous organ, on removing it from the turpentine bath, Dr. Frederick plunges it into melted wax or paraffin during half an hour to two hours, till the bubbles of turpentine have ceased to pass off. When withdrawn and cooled, the piece resembles a wax model, but is far superior in its minor details: the color of the organ persists.

#### Corrosive Sublimate in Blenorrhœa.

Dr. Leopold Bruck, of Buda-Pest, states, in the *Centralblatt*, No. 27, that he has found blenorrhœa urethræ, lasting, as usual, when injections are employed, six weeks, without complication, to be curable by the administration of corrosive sublimate. The discharge is profuse, during the first two days, but subsequently becomes progressively less abundant and more serous; the sensation of burning in the urethra is bearable, and the chordee moderate. During the treatment, alcoholic fluids, coffee, and highly-seasoned food must be avoided. Purgatives should be excluded, since they are unnecessary during the use of the sublimate. The remedy is apt to produce pain in the stomach and intestines, and if this occur, its use should be omitted for a few days. It should not be given in cases of cardiac and pulmonary disease. Dr. Bruck prescribes the sublimate in the form of pills.

## CORRESPONDENCE.

### Letter from Canada.

ED. MED. AND SURG. REPORTER:—

Since my last letter, one of those trials for murder, in which the medical evidence formed the most interesting part of the case, came before one of our assize courts, held in the city of Hamilton, in this Province. The case was one of supposed murder, in which the husband was arraigned for being the cause of the death of his wife. The circumstances of the case, as detailed by Dr. MacKelcan, who was the family attendant, are as follows:—

Have known the prisoner for about five years; was called in to see Mr. McCrae, professionally, in April last; prescribed at the same time for Mrs. McCrae, who was not well; was subsequently called in to attend Mrs. McCrae, who was suffering from jaundice, caused by disease of the liver; attended her daily till her death. She was covered with purpuric spots over her body; a little before her death she seemed a little brighter; this occurred at intervals during her sickness; could not see any permanent improvement in her disease up to the time of her death; did not visit her on the day of her death till about five o'clock; found her comatose, with symptoms of compression of the brain; she died about twenty minutes to eleven o'clock that night. I took it for granted that she died from natural causes. I was asked if I wished to make a post-mortem examination; I said I did not think it necessary. Afterward, Dr. White, coroner, called on me and asked me to make a post-mortem; I did so, assisted by my father; this was ten days after death, on the 18th of May. The doctor gave a description of the body as he found it. Several bruises were found; a large lump on her head, but this had been inflicted long before her death. Found a clot of blood, weighing nearly four ounces, on the left side of her head, in the membranes covering the brain. This clot extended from the eyebrow to the ear. It was thickest in the centre; it was from half to three-quarters of an inch in thickness; could not say whether it was venous or arterial blood; could not tell where the blood came from; did not discover any fractured or broken blood vessels; there was no blood between the skull and the dura mater; there was no external mark of violence opposite the clot; don't remember what was done with the dura mater and clot; examined the skull carefully, and found no fracture; the dura mater slightly adhered to the skull; seldom able to discover a rupture of a small vessel, except when the skull is fractured by great violence. The substance of the brain was healthy; the other organs of the body were all healthy, except the liver, which was much enlarged and diseased; there was fatty disease of the liver, the result of habitual intemperance; the body was of a dark yellow; the liver was of a grayish color, hard and easily ruptured;

other medical men examined the body afterward at the cemetery, these were Drs. McDonald, Malloch and Mullen. I and my father were present; did not examine the kidneys; the clot was in the cavity of the arachnoid, but no effusion of blood was discovered under the arachnoid; think I tested her urine once when I first commenced to attend her; it was in a normal condition.

On cross-examination, Dr. MacKelcan said: Mrs. McCrae was confined to her bed before her death about three weeks; had expressed the opinion that she could not recover; the clot was the immediate cause of her death. The purpuric spots were caused by the disease of the liver. Purpura is a diseased condition of the smaller blood-vessels; cannot say what was the cause of the clot; in such diseases as hers the blood vessels become weak, and the blood may ooze through them. I found no marks of external violence to cause the clot; intemperance causes disease of the liver. I know she drank excessively, to which cause I ascribe her disease. My father attended the family much more than I did. I allowed her Canadian wine, but no liquor; think she did get liquor while I was attending her; my father got the native wine for her; some had been got that was not good; then my father ordered the other. If she had received a blow sufficient to cause the clot, I think she could not have got up after it; think the disease was the cause of the clot in the arachnoid cavity; the other mark, on the external skull, was an old one; saw it ten days before her death, and asked her how it came there; she said she did not know. A similar clot could be produced by a blow of the fist, but I think not without leaving an external mark. Did not see any internal mark of purpura. The blood in purpura comes from the capillary vessels. There are capillary vessels in the arachnoid. Don't remember ever seeing any other similar case. Clots may be caused by disease or violence; don't know that there is any general rule in reference to the matter. In finding clot in the arachnoid of a healthy brain, should endeavor to ascertain whether it was caused by violence or disease; should inquire for both; the chances would be equal of its being either. Have never seen a case of blood-clot arising from disease, but have read of it in books; have read of effusion of blood on the brain from purpura. So says Dr. Watson: Have seen purpura, but not many cases. Been sixteen or seventeen years in practice; have seen cases of purpura; don't know how many; don't know what causes purpura, except it arises from deterioration of the blood; probably disease of the liver is as common a cause as any other. Don't know that she had been drinking liquor the day of her death; she might have done so; had noticed it several times previously. In cases of apoplexy, effusion of the blood takes place; could not say where the blood came from; may have come from the capillaries of the membranes. The three doctors named by Dr. MacKelcan, i. e., Drs. McDonald, Mal-

loch, and Mullen, subsequently gave their evidence, all agreeing with the evidence of Dr. MacKelcan as above, except that Dr. Malloch, after corroborating the evidence of his confrères, said he would call the spots seen on the body purpuric spots; don't believe that there is such a disease as purpura; can't say whether the deceased died from violence or from disease. The blood vessels were weakened by disease. There are more blood vessels pass through the arachnoid membrane in some persons than in others. There are some smaller vessels passing through the arachnoid that we seldom notice in dissection. The petechial spots might have been caused by disease or pressure on the bed; I inferred they were made by disease. Think that a pillow might have given a jar which would produce the effusion of blood in the arachnoid.

In answer to a question put by counsel, Dr. Malloch said, my candid opinion is that the woman is more likely to have died from violence than from disease.

Now I give you the evidence of the homœopathic chief of this province. I have not given the evidence of Dr. McDonald *in extenso*, for the reason that, as I said above, it agrees in the main with Dr. MacKelcan's evidence, who was the family physician. I ask your readers to notice the extraordinary evidence of Dr. Campbell, who said he was a practicing physician in Toronto; have practiced for forty-five years, graduated at Edinburgh. There are many cases of hemorrhage into the arachnoid membrane, though they are relatively rare; it occurs most frequently from violence; the greatest number of cases of hemorrhage of the arachnoid, when the result of disease, are from disease of the heart, of the kidneys, meningeal degeneration, deterioration of the coats of the blood vessels, etc.; if there was disease of the brain, the examining doctors ought to have discovered it; the condition of the brain in the warm month of May might have been changed by putrefaction; it is difficult to tell where blood comes from when it gets into cavities; it is possible that the blood came from the veins passing through the arachnoid; if the blood came from them, should think it was by violence; the blood might have escaped from the pia mater into the arachnoid at some one or more of the adherent points of the two membranes; violence may have been of such a nature as to cause the flowing of blood from the pia mater into the arachnoid cavity; it is extremely difficult to discover the place of rupture of a vein; if the hemorrhage was caused by disease it would probably be accompanied by disease of the heart or kidneys; diseases of the kidneys and of the heart frequently co-exist; disease of the kidney would produce blood poisoning, and cause deterioration of the coats of the blood-vessels; degeneration of the blood causes degeneration of the vessels carrying the blood, from which they receive their nourishment; jaundice causes degeneration of the blood, and, of course, degeneration of the blood-vessels; under these circumstances, a

very little violence might produce hemorrhage; even very slight violence might produce rupture of the blood vessels of the brain; even a fall on a carpeted floor might do it. I believe, from what I have heard of the case, that the hemorrhage was caused by some degree of violence; the veins differ in every body, but the arteries are generally the same in all; there are no blood-vessels in the arachnoid; the arachnoid is a very thin film; petechial spots are evidence of degeneration of the blood; there is diminished force of the heart's action when petechial spots are present. The liver cannot suffer long without causing disease of the kidneys; disease of the kidneys produces degeneration of the blood-vessels; anything causing jar of the brain, as sitting down suddenly, or a fall, might have produced all the mischief in the brain; a blow on the head would not be so likely to leave a mark as on any other part of the body. I can fancy that a shake of the shoulders might do all the mischief described; hemorrhage from veins generally exudes through the veins without rupture, and that only from the mucous membrane; purpura is not a disease itself, but a condition arising from disease.

I have no comment to make on the above testimony, but trust some of your numerous readers will take this matter into consideration, and enlighten the profession upon the important subject raised by the case thus described.

CANADENSIS.

Ontario, Canada, Dec., 1876.

#### Chlorate of Potash and Mercury.

ED. MED. AND SURG. REPORTER:—

In response to the inquiry in your December No., on page 554, regarding the use of chlorate of potash and mercury in combination, I would say I have used the remedies in question for about one year, through the suggestion of my brother, Dr. C. A. Turner, of Jackson, Mich., he having used them for over one year, at the time of their recommendation to me; and I have obtained just as satisfactory results in every instance as when the mercury is administered uncombined, and I think better, for I have yet to have the first patient salivated by combining the two together, and I have seen some serious results where mercury had been given alone.

I generally combine them as follows:—

R. Calomel,  
Chlor. potass. pulv., aa 1 part  
Sugar, pulv.,  
Corn starch, aa 4 parts. M.

Thoroughly triturate.

When I wish to unload the portal congestion, which is the first indication in nearly all of our Michigan fevers, I give of the above mixture 10 grains, and repeat every hour until I obtain a good free catharsis, which generally requires four or five powders.

It affords a splendid cathartic for children.

When I wish to follow the mercurial treatment, I give one dose of ten grains, night and morning, and have continued it almost indefinitely, without any serious results.

Wayland, Mich. H. J. TURNER, M. D.

#### A Singular Cause of Facial Neuralgia.

ED. MED. AND SURG. REPORTER:—

Mrs. R. presented herself at my office during the early part of the fall of last year, October 10th, with neuralgia of the facial nerve, scarcely any portion of the right side of the face being free from pain. She had the whole of the lower molar teeth extracted, in hopes of obtaining relief, yet it only produced a temporary cessation of pain. She had taken, she asserted, many preparations, but none gave her a moment's freedom from pain, and she hoped I would prescribe something to produce sleep. I gave the following mixture and application:—

R. Chloral hydrat. (Schœning), ʒij  
Sodii bromidi, ʒiij  
Syr. zingiberis, fl. ʒj  
Aque, ad. fl. ʒiv. M.

Take two teaspoonfuls every hour, if in pain.

R. Fluid ext. aconit. rad., fl ʒss  
Tinct. opii,  
Tinct. belladon., aa  
Chloroform., aa fl. ʒj. M.

Paint the face as directed.

As she resided some distance away from my office, she was requested to report in two days if not better. She returned on the 12th inst., and reported herself worse than ever, and with a large substance under her tongue; upon examination, I found an abscess pointing over the cavity, where the first molar had been extracted, and which I immediately opened; a quantity of fetid, dark colored pus was discharged, and with it the accompanying substance. The pain in her face instantly ceased, and from that time till the present she has had no return of her neuralgia. I forward the concretion to your office, in hopes you may be able to inform your readers and myself of what it is composed; my impression is that its continued pressure upon some portion of the dental nerve produced the fearful neuralgic pains from which the patient suffered. Respectfully yours,

Saratoga, N. Y. C. C. CRANMER, M. D.

[The substance is apparently a salivary calculus, somewhat pointed, which, by an ulcerative process, had reached an unusual position. —ED. REP.]

#### The Psychology of Laughter.

Perhaps the psychology of laughter has never been better expressed than by Hazlitt:—

"Man," says this writer, "is the only animal that laughs, for he is the only animal that is struck with the difference between what things are and what they ought to be."

## NEWS AND MISCELLANY.

## The Woman's Hospital.

At the seventeenth annual meeting of the contributors of the Woman's Hospital, Philadelphia, held last week, the report of the resident physician, Anna E. Broomall, M. D., showed that there were received into the hospital during the past year, 313 patients; patients attended at their homes, 2317; patients treated in the dispensary, 3753; prescriptions compounded in dispensary, 11,216. In the lying-in department there were received during the year 108 patients; number of infants born, 102.

## The Northern Medical Association, Philadelphia.

At the annual meeting of this association, held on the 12th inst., the following officers were elected for 1877:—

*President.*—Dr. S. R. Knight.

*Vice-President.*—Dr. L. B. Hall.

*Treasurer.*—Dr. E. J. Santee.

*Secretary.*—Dr. Charles Carter.

*Corresponding Secretary.*—Dr. E. R. Stone.

*Reporting Secretaries.*—Dr. S. D. Risley and Dr. E. E. Montgomery.

*Counsellors.*—Dr. N. L. Halfeld, Dr. J. Henry Smaltz, Dr. Levi Curtis, Dr. W. M. Welch, and Dr. Charles Carter.

## Medical Statistics of Sweden.

At the end of the year 1873 there were in Sweden 558 practicing physicians, besides 35 who had retired from practice (population 4,317,716). This gave one physician for every 7702 of inhabitants. In Stockholm the proportion was one to 1227; in Upsala Län one to 4276, and in Elfsborg Län only one to 16,687. The number of drug stores were 217, veterinary surgeons 186, and midwives 2043.—*Nordiskt Med. Arkiv*, vol. 7, No. 26.

## The Paris Academy.

The Paris Academy of Medicine has accepted the offer of a site in the old Luxembourg Gardens. The lecture rooms, laboratory, fine library, unique museum of surgical instruments, and precious archives of this institution, which it inherits from the old Society of Medicine and Academy of Surgery, and which are almost a sealed book, will now find a fitting habitation. The Academy has been for the last fifty years provisionally located in a building of which it never could permanently have possession, and will now be properly lodged in the vicinity of all the learned societies of Paris.

## A Happy Country—Iceland.

Dr. John Finson, a practicing physician in Iceland, states that he has never seen a case of syphilis in a native Icander, only in foreigners.

## Quinine in Burmah.

The cultivation of the cinchona tree is rapidly extending, not only in the British possessions in Asia, but likewise in the kingdom of Burmah, many districts of which seem especially suitable for its cultivation. Last year, in the Sittomy Division alone, there were 30,000 plants, and space was being cleared to double that quantity. The king, it is said, looks upon this cultivation with contemptuous toleration, and fails to see the sense of growing trees for the sake of getting a bitter product from their bark.

## Items.

—An excellent microscope, in good condition, can be bought at half price, at the office of the REPORTER.

—The value of a finger has been established by a New York court, and the figure is \$1000. James McMahon, a stevedore, had one of his digits mashed to a jelly in loading a barrel of lard, and brought suit against his employer, with a verdict as above.

## QUERIES AND REPLIES.

*Dr. A. J. K., of Pa.*—The precise formula of the troches you inquire about is not published.

*St. Louis.*—We recommend you to read Dr. Nappes' *Transmission of Life*, which contains the best advice on the subject, of any book we know. The price is \$2.00.

## MARRIAGES.

**LATHBURY—TIBBALLS.**—In Brooklyn, on Christmas day, 1876, by Rev. N. Tibballs, Dr. Clarence Lathbury, of New York, and Miss Lilly Tibballs, daughter of the officiating clergyman.

**LINCOLN—GOULD.**—At St. Paul's Church, Troy, N. Y., on Wednesday, Jan. 10, by Rev. E. N. Potter, D.D., assisted by Rev. Francis Harrison, Jeanie Thomas, eldest daughter of the late Judge George Gould, of Troy, and Dr. N. S. Lincoln, of Washington, D. C.

**PUSEY—PUSEY.**—In the First Unitarian Church, Wilmington, Del., Dec. 19th, 1876, by the Rev. T. Israel, J. Edgar Pusey, M. D., of West Phila., and Miss Ella K., daughter of Lea Pusey, Wilmington, Delaware.

## DEATHS.

**ALMY.**—In Leroy, N. Y., January 2d, Dr. Stephen O. Almy, aged 78 years.

**CALDERWOOD.**—In Greensboro, Vt., Dec. 26th, Annette Hutchins, wife of Dr. H. S. Calderwood, aged 77 years.

**DUNNINGTON.**—On July 25th, 1876, at the residence of her mother, Mrs. Ketchum, near Monongahela City, Mrs. Sarah H. wife of Robert H. Dunnington, M. D., of Atlanta, Mo.

**LEVIS.**—In this city, on the 17th instant, Henrietta R., wife of Dr. R. J. Levis.

**MORSE.**—In Danville, Vt., December 25th, Dr. John H. Morse, aged 66 years.

**POWERS.**—In Woodstock, Vt., December 28th, Dr. Thomas E. Powers, aged 68 years.

**RICHARDSON.**—On January 2d, Clara Belle, infant daughter of Dr. J. S. Richardson and wife, aged 4 months and 12 days.

**THOMPSON.**—At his late residence, No 41 East 10th st., on Monday morning, January 15th, Dr. George Thompson.